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NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 0149803

Total Fee Calculation

A Guar A Co Calculation											
	Fee Code	Total # Claims	Number Extra	x	Fee	Fee	- Total				
	Sm./Lg.				Sm. Entity	Lg. Entity	100n				
Basic Filing Fee	201/101	100	110		345	640	-070				
Total Claims >20	203/103	-20 =	43	x	70	18	= 1/9				
Independent Claims >3	202/102	21 .3=	18	x	39	18	- 1409				
Mult. Dep Claim Present	204/104				130	260	-				
Surcharge	205/105				<u>65</u>	130	- <u>180</u>				
English Translation	_139										
TOTAL FEE CALCULA	ATION .						2998				
Fees due upon filing t	he application:										
Total Filing Fees Due	= \$	2941	<i>b</i>	<u>.</u>							
Less Filing Fees Subn	nitted - \$	0									
BALANCE DUE	= \$		198	_							
Achis.											

of Initial Patent Examination

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

09493903

CLAIMS AS FILED - PART I								SMALL ENTIT			OTHER THAN		
(Column 1) (Column 2)							TYPE		OR				
FOR			NUMBE	R FILED	Ni	NUMBER EXTRA			RATE	FEE	1	RATE	FEE
BASIC FEE										345.00	OR		690.00
TOTAL CLAIMS 09 minus 20= · 43								X\$ 9=		OR	X\$18=	hnu	
INDEPENDENT CLAIMS							X39≃	 	1	X78=	11///		
MULTIPLE DEPENDENT CLAIM PRESENT								ŀ			OR		14.09
* If the difference in column 1 is less than zero, enter "0" in column 2								' [+130=	<u> </u>	OR	+260=	
									TOTAL		OR	TOTAL	2868
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							_	OTHER SMALL ENTITY OR SMALL E					
AMENDMENT A	·	REM	AIMS AINING TER IDMENT		NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	. 6	3	Minus		3	=	I	X\$ 9=		OR	X\$18=	
AME	Independent	1-2	2	Minus		. <u>a</u>	=		X39=		OR	X78=	
	FIRST PRESE	INTATIC	ON OF MI	DETIPLE DEI	PENDEN	I CLAIM		Ī	+130=		OR	+260=	
						•		L	TOTAL			TOTAL	
(Column 1) (Column 2) (Column 3)								А	DDIT. FEE		, ,	ADDIT. FEE	
AMENDMENT		REM AF	AIMS AINING TER IDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	•		Minus	**	63	=		X\$ 9=		OR	X\$18=	
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			NOT WIC	DETIT CE DET	LIVUEIN	CLATIVI			+130=		OR	+260=	
								A.	TOTAL ODIT. FEE		OR A	TOTAL ADDIT. FEE	
			ımn 1)		(Colu		(Column 3)						
AMENDMENT C		REM. AF	AIMS AINING TER DMEN!T		HIGH NUM PREVIO PAID	IBER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		=	Γ	X\$ 9=		OR	X\$18=	
ME	Independent	*		Minus	***		=	┢	X39=		ŀ		
	FIRST PRESE	NTATIO	N OF MU	LTIPLE DEF	ENDENT	CLAIM		-	709=		OR	X78=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										_			
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." TOTAL ADDIT. FEE ***If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1													